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# FACSIMILE TRANSMISSION

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## Total # of Pages 10 (including this page)

| TO:                                       | PHONE #: | FAX #:       |
|-------------------------------------------|----------|--------------|
| United States Patent and Trademark Office |          |              |
| Mail Stop Amendment                       |          | 571-273-8300 |
| Examiner: Cook, Lisa V.                   |          | 371-275-8500 |
| Art Unit: 1641                            |          |              |

From: Barry S. Wilson

Email Address: bwilson@foley.com

Sender's Direct Dial: 858.847.6722

Date: November 3, 2006

Client/Matter No: 071949-5408

**User ID No: 3067** 

U.S. Application No.: 10/714,078

Docket No.: 071949-5408

#### MESSAGE:

Please find enclosed:

Transmittal (3 pages);

Response to Office action(6 pages).

If there are any problems with this transmission or if you have not received all of the pages, please call 858-847-6700.

Operator: Time Sent: Return Original To: Vanessa E. Agha

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Cover Page 1 of 1

Atty. Dkt. No. 071949-5408

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant:

Valkirs et al.

Title:

DIAGNOSTIC MARKERS OF

STROKE AND CEREBRAL INJURY AND METHODS OF

USE THEREOF

Appl. No.:

10/714,078

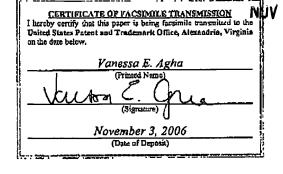
Filing Date: 11/14/2003

Examiner:

Cook, Lisa V.

Art Unit:

1641



### <u>AMENDMENT TRANSMITTAL</u>

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

Response to Restriction Requirement and Amendment (6 pages). [X]

#### The fee required for additional claims is calculated below: [X]

|                        | Claims<br>As<br>Amended |          | Previously<br>Paid For |       | Extra<br>Claims<br>Present |     | Rate     |   | Additional<br>Claims Fee |
|------------------------|-------------------------|----------|------------------------|-------|----------------------------|-----|----------|---|--------------------------|
| Total Claims:          | 7                       | -        | 31                     | =     | 0                          | x   | \$50.00  | = | \$0.00                   |
| Independent<br>Claims: | 1                       | <b>-</b> | 1                      | =     | 0                          | x   | \$200.00 | = | \$0.00                   |
| First p                | resentation             | of a     | ny Multiple I          | Deper | ndent Claims:              | +   | \$360.00 | = | \$0.00                   |
|                        |                         |          |                        |       | CLAIMS                     | FEI | E TOTAL  | = | \$0.00                   |

Atty. Dkt. No. 071949-5408

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| [ | ] | Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for t | the |
|---|---|-------------------------------------------------------------------------------------|-----|
|   |   | total number of months checked below:                                               |     |

| [  | ] ]      | Extension for response filed within the first month:  | \$120.00   | \$0.00 |
|----|----------|-------------------------------------------------------|------------|--------|
| [  | ) 1      | Extension for response filed within the second month: | \$450.00   | \$0.00 |
| Ī  | ַן נ     | Extension for response filed within the third month:  | \$1,020.00 | \$0.00 |
| ſ  | ָ<br>נונ | Extension for response filed within the fourth month: | \$1,590.00 | \$0.00 |
| ſ  | ] ]      | Extension for response filed within the fifth month:  | \$2,160.00 | \$0.00 |
| ·  | -        | EXTENSION                                             | FEE TOTAL: | \$0.00 |
| ſ  | 1        | Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):     | \$130.00   | \$0.00 |
| •  | •        | CLAIMS, EXTENSION AND DISCLAIMER I                    | FEE TOTAL: | \$0.00 |
| [] |          | Small Entity Fees Apply (subtract ½ of above):        |            | \$0.00 |
| -  | -        |                                                       | TOTAL FEE: | \$0.00 |
|    |          |                                                       |            |        |

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Atty. Dkt. No. 071949-5408

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Vt

FOLEY & LARDNER LLP

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Richard Warburg, Reg. No. 32,327

By Barry S. Wilson, Reg. No. 39,431

Attorney for Applicant

NOV 0 3 2006

on the date below.

Atty. Dkt. No. 071949-5408

CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this paper is being fuzzimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia

Vanessa E. Agha

(Printed Name)

November 3, 2006

(Date of Deposit)

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Valkirs et al.

Title:

DIAGNOSTIC MARKERS OF

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**USE THEREOF** 

Appl. No.:

10/714,078

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Examiner:

Cook, Lisa V.

Art Unit:

1641

Conf. No.:

2621

## RESPONSE TO A RESTRICTION REQUIREMENT AND AMENDMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This communication is responsive to a Restriction Requirement mailed October 6, 2006.

Amendment of the Claims begin on page 2.

Remarks begin on page 6.

Please amend the application as follows:

DLMR\_290990.1